

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: YMCA Meriden CCC Date: 9/16/21 Time: 11:20^{am}

Location Address: 1111 Crown St. Meriden Telephone #: 203 235 8906

e-mail address: mdipasquale@meridenymca License #: 11e416 Expiration Date: 11/30/21

Capacity: 131 # of Children Present: 59 # of Staff Present: 10+

Consent to Inspect Family Child Care Home	I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations. Provider/Applicant/Substitute's Signature <u>N/A</u>
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Purpose of visit: Self-report Case 2021-605

Observations/Corrections needed:

(S) 19a-79-3a(a) - Administration - Ensuring the health safety, and development of children - During walkthrough several staff and children were observed with no masks or masks pulled below their chin.

(NS) 19a-79-3a(b)(8)(A) - Administration - Managing child behaviors; No evidence to substantiate that staff grabbed a child as a form of discipline.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]
(OEC Representative)
Lauren Hull

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 9/30/21

Signature: [Signature]
(Person in Charge)
Samantha Gansley